

**Location:** \_\_\_\_\_

November 2015

## Youth Services Quarterly Tool Control Inventory

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Each Question Must be Addressed	Yes	No	Comments
The Master Tool Inventory is dated, correct, and posted inside each tool cabinet or on-site?			
The Master Tool Inventory includes an identifying number for each tool?			
All tools are properly marked with the identifying number as listed on the Master Tool Inventory?			
Shadow boards are appropriately in place, up-to-date and being utilized?			
Tools are stored so that their presence or absence is easily determined?			
Check-Out/Check-In Tool Control Log verifies authorized removal and return of tools?			
Check-Out/Check-In Tool Control Log is completed properly and maintained on-site for review?			
The Daily Tool Control Inventory verifies that all tools are present and accounted for?			
The Daily Tool Control Inventory is properly completed and forwarded to the TCO for review?			
Are all tools in good condition?			
Are there any broken tools?			
Are there any missing tools?			
Are there any tools that need to be added to the Master Inventory?			

Any Additional Comments:

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The signature below verifies that the Quarterly Tool Control Inventory was conducted by the TCO as scheduled and all tools listed on the Master Tool Inventory for the area identified above is present and accounted for in accordance with YS Policy No. C.2.14, "Tool Control Program".

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**Tool Control Officer's Signature**


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**Date**

November 2015